



Office of Navajo Nation Scholarship & Financial Assistance (ONNSFA)
Financial Need Analysis (FNA)

Note: File a Free Application for Federal Student Aid (FAFSA) as soon as possible. The FAFSA is required for your school's Financial Aid Office to accurately complete this form.

Term(s) Applying for: 20_____ Fall/Spring semesters or 20_____ Fall/Winter/Spring quarters

STUDENT NAME: _____ Phone #: _____

MAILING ADDRESS (City/State/Zip): _____

SOCIAL SECURITY#: _____ STUDENT ID#: _____ Number of Dependents: _____

I, _____, give my permission to _____

(PRINT NAME)

(INSTITUTION)

to release information regarding my student education records, including financial aid information from my FAFSA record, to the agency listed below:

(Student please check one)

____ ONNSFA Chinle Agency, PO Box 2358, Chinle, AZ 86503

____ ONNSFA Crownpoint Agency, PO Box 1080, Crownpoint, NM 87313

____ ONNSFA Ft. Defiance Agency, PO Box 1870, Window Rock, AZ 86515

____ ONNSFA Shiprock Agency, PO Box 1349, Shiprock, NM 87420

____ ONNSFA Tuba City Agency, PO Box 370, Tuba City, AZ 86045

Toll-Free Number

1-800-919-9269

1-866-254-9913

1-800-243-2956

1-866-223-6457

1-866-839-8151

Fax Number

928-674-2331

505-786-2178

928-871-6561

505-368-1338

928-283-3215

 (Student's Signature)

 (Date)

Student: Submit this form to the Financial Aid Office at the college you plan to attend.

The Financial Aid Officer shall do the following:

1. Complete each line item under Expenses and Resources
2. Consider all financial aid, fellowships & special award programs for which the applicant qualifies.
3. Complete and submit the FNA to the appropriate ONNSFA Agency office by the following deadlines:

FALL/SPRING – June 25

WINTER/SPRING – November 25

EXPENSES:

Tuition/Fees _____

Room/Board _____

Books/Supplies _____

Transportation _____

Personal _____

Child Care _____

Misc. _____

TOTAL EXPENSES:

RESOURCES:

Student/Spouse Contribution: _____ Expected Family Contribution: _____

Parent Contribution: _____ PELL: _____

Veterans Benefits: _____ LEAP/FSEOG: _____

Tuition Waiver: _____ Other Grants: _____

Parent PLUS/UNSUB. LOAN: _____ FWS: _____

Other LOANS (Specify): _____ Other (IHS/Gates/UNTF/Ramah Navajo): _____

RECOMMENDED NEED: **TOTAL RESOURCES:**

(Expenses minus Resources.)

Financial Assistance request will cover expenses FROM: _____ TO: _____
 (Month/Year) (Month/Year)

 Institution Name Signature of Financial Aid Officer Date

PHONE NUMBER: _____ EMAIL ADDRESS: _____

UNDERGRADUATE STUDENT IS ENROLLED IN AT LEAST 12 CREDIT-HOURS AND IS FULL-TIME.

GRADUATE STUDENT IS ENROLLED IN 9 CREDIT HOURS AND IS FULL-TIME.

STUDENT SUSPENDED FROM CAMPUS-BASED AID FAILURE TO MAINTAIN SATISFACTORY PROGRESS.

UNDERGRADUATE STUDENT IS ENROLLED IN LESS THAN 12 CREDIT-HOURS AND IS PART-TIME.

GRADUATE STUDENT IS ENROLLED IN LESS THAN 9 CREDIT HOURS AND IS PART-TIME.

STUDENT IS IN DEFAULT STATUS ON FEDERAL STUDENT LOANS OR OTHER STUDENT AID.

STUDENT ONLY

TO BE COMPLETED BY FINANCIAL AID OFFICE